

**SOUTH DAKOTA DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES**

**APPLICATION FOR OPERATOR  
CERTIFICATION EXAM**

**INSTRUCTIONS TO APPLICANTS:**

Application must be received by the Secretary at least TWO WEEKS BEFORE THE EXAM DATE. One exam per application. This application is for exams only-NOT classes. Fax application to 605-773-5286 or email application or mail application to:

Tammie Hill-Board of Operator Certification  
523 East Capitol-Foss Building  
Pierre, SD 57501-3181  
Email: tammie.hill@state.sd.us

**Each application must be accompanied by fee for \$60.00 made out to "DANR".** Fees will not be returned to an applicant who fails an exam. If you fax/email application, please submit fee prior to exam date through the mail. Operator Certification Web Site-<https://danr.sd.gov/OfficeOfWater/OperatorCert/default.aspx>

**GENERAL INFORMATION (Print legibly and fill out completely):**

1. Name \_\_\_\_\_  
Last
First
Middle

2. Home Mailing Address, City, St, Zip \_\_\_\_\_  
 \_\_\_\_\_

Check here if this is a new address.

3. Water System Name(s)/EPA ID # and/or Wastewater System Name(s) \_\_\_\_\_  
 \_\_\_\_\_

4. Phone \_\_\_\_\_ Fax \_\_\_\_\_

5. Email Address \_\_\_\_\_

6. Exam Date \_\_\_\_\_ Location \_\_\_\_\_

Exam Category (Check only one)		Exam Level (Check only one)	
Water Treatment	<input type="checkbox"/>	I	<input type="checkbox"/>
Water Distribution	<input type="checkbox"/>	II	<input type="checkbox"/>
Wastewater Treatment	<input type="checkbox"/>	III	<input type="checkbox"/>
Wastewater Collection	<input type="checkbox"/>	IV	<input type="checkbox"/>
Small Water Treatment	<input type="checkbox"/>		
Small WW System/ Stabilization Pond	<input type="checkbox"/>		

Applicants will receive a confirmation upon receipt of this application by the Secretary. There are education /experience requirements to take exams.

Oper#	Exam #	Score
Cert Date		
Cash	Check	
DANR Use Only		

## EDUCATION AND TRAINING

Are you a high school graduate? Check one. Yes  No  GED  If no, grade completed \_\_\_\_\_

College/Vo-tech Name	Dates Attended	Major	Date Graduated

List other educational courses completed such as correspondence school, operators' short courses, etc. Give date, name, and location of such courses.

## WATER/WASTEWATER OPERATION EXPERIENCE

Present Position Title \_\_\_\_\_ Date Employed \_\_\_\_\_

Supervisor Name and Title \_\_\_\_\_

Describe in detail your daily duties as related to the exam for which you are applying (Be Specific!)

List other job experience which you feel will pertain to your certification qualifications.

Dates	Employer Name/Location	Specific Job Duties Related to Exam Applied For

I hereby certify that this application contains no willful misrepresentations or falsifications, and that the information given is true and complete. I certify that I will not disclose the content, whether specifically or in general, of exam taken. I certify that no exam materials will be taken from the exam room and that all exam materials will be returned at the conclusion of the exam.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

3/2/2022